

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

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|                    |     |           |          |   |                    |
|--------------------|-----|-----------|----------|---|--------------------|
| INSPECTION         | RSN | TYPE      | GRADE    | INSPECTION DATE                                   | ESTABLISHMENT NAME |
| Regular            |     |           | <u>0</u> | <u>09 / 18 / 2020</u>                             | <u>HDA MAI</u>     |
| Follow-up          |     | <u>✓✓</u> |          | TIME IN   | TIME OUT           |
| Complaint          |     |           | <u>A</u> | <u>1:45 PM</u>                                    | <u>2:45 PM</u>     |
| Investigation      |     |           |          | SANITARY PERMIT NO.                               | PERMIT HOLDER      |
| Other:             |     |           |          | <u>200702316</u>                                  | <u>LE, MIMI</u>    |
| ESTABLISHMENT TYPE |     |           |          | AREA  | TELEPHONE          |
| <u>RESTAURANT</u>  |     |           |          | <u>3</u>  | <u>6490944</u>     |
|                    |     |           |          | No. of Risk Factor/Intervention Violations        | RISK CATEGORY      |
|                    |     |           |          | <u>8</u>  | <u>3</u>           |
|                    |     |           |          | No. of Repeat Risk Factor/Intervention Violations |                    |
|                    |     |           |          | <u>8</u>  |                    |

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

| Compliance Status                            |    |     |   | COS | R   | PTS |
|--|----|-----|---|-----|---|-----|
| <b>Supervision</b>                           |    |     |   |     |   |     |
| 1  | IN | OUT | Person in charge present, demonstrates knowledge, and performs duties |     |   | 6   |
| <b>Employee Health</b>                       |    |     |   |     |   |     |
| 2  | IN | OUT | Management awareness; policy present                                  |     |   | 6   |
| 3  | IN | OUT | Proper use of reporting, restriction & exclusion                      |     |   | 6   |
| <b>Good Hygienic Practices</b>               |    |     |   |     |   |     |
| 4  | IN | OUT | N/A   | N/O | Proper eating, tasting, drinking, betelnut, or tobacco use                                  | 6   |
| 5  | IN | OUT | N/A   | N/O | No discharge from eyes, nose, and mouth   | 6   |
| <b>Preventing Contamination by Hands</b>     |    |     |   |     |   |     |
| 6  | IN | OUT | N/A   | N/O | Hands clean and properly washed   | 6   |
| 7  | IN | OUT | N/A   | N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | 6   |
| 8  | IN | OUT |   |     | Adequate handwashing facilities supplied & accessible                                       | 6   |
| <b>Approved Source</b>                       |    |     |   |     |   |     |
| 9  | IN | OUT |   |     | Food obtained from approved source  | 6   |
| 10   | IN | OUT | N/A   | N/O | Food received at proper temperature   | 6   |
| 11   | IN | OUT |   |     | Food in good condition, safe, and unadulterated   | 6   |
| 12   | IN | OUT | N/A   | N/O | Required records available: shellstock tags, parasite destruction                           | 6   |
| <b>Protection from Contamination</b>         |    |     |   |     |   |     |
| 13   | IN | OUT | N/A   |     | Food separated and protected  | 6   |
| 14   | IN | OUT | N/A   |     | Food contact surfaces, cleaned & sanitized  | 6   |
| 15   | IN | OUT |   |     | Proper disposition of returned, previously served, reconditioned, and unsafe food           | 6   |
| <b>Potentially Hazardous Food (TCS Food)</b> |    |     |   |     |   |     |
| 16   | IN | OUT | N/A   | N/O | Proper cooking time and temperatures  | 6   |
| 17   | IN | OUT | N/A   | N/O | Proper reheating procedures for hot holding   | 6   |
| 18   | IN | OUT | N/A   | N/O | Proper cooling time and temperatures  | 6   |
| 19   | IN | OUT | N/A   | N/O | Proper hot holding temperatures   | 6   |
| 20   | IN | OUT | N/A   |     | Proper cold holding temperatures  | 6   |
| 21   | IN | OUT | N/A   | N/O | Proper date marking and disposition   | 6   |
| <b>Consumer Advisory</b>                     |    |     |   |     |   |     |
| 22   | IN | OUT | N/A   |     | Consumer Advisory provided for raw or undercooked foods                                     | 6   |
| <b>Highly Susceptible Populations</b>        |    |     |   |     |   |     |
| 23   | IN | OUT | N/A   |     | Pasteurized foods used; prohibited foods not offered  | 6   |
| <b>Chemical</b>                              |    |     |   |     |   |     |
| 24   | IN | OUT | N/A   |     | Food additives: approved and properly used  | 6   |
| 25   | IN | OUT |   |     | Toxic substances properly identified, stored, used  | 6   |
| <b>Conformance with Approved Procedures</b>  |    |     |   |     |   |     |
| 26   | IN | OUT | N/A   |     | Compliance with variance, specialized process, and HACCP plan                               | 6   |

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

| Compliance Status                       |  |  |   | COS | R | PTS |
|---|--|--|---|-----|---|-----|
| <b>Safe Food and Water</b>              |  |  |   |     |   |     |
| 27                                      |  |  | Pasteurized eggs used where required  |     |   | 1   |
| 28                                      |  |  | Water and ice from approved source  |     |   | 2   |
| 29                                      |  |  | Variance obtained for specialized processing methods                                  |     |   | 1   |
| <b>Food Temperature Control</b>         |  |  |   |     |   |     |
| 30                                      |  |  | Proper cooling methods used; adequate equipment for temperature control               |     |   | 1   |
| 31                                      |  |  | Plant food properly cooked for hot holding  |     |   | 1   |
| 32                                      |  |  | Approved thawing methods used   |     |   | 1   |
| 33                                      |  |  | Thermometer provided and accurate   |     |   | 1   |
| <b>Food Identification</b>              |  |  |   |     |   |     |
| 34                                      |  |  | Food properly labeled; original container   |     |   | 1   |
| <b>Prevention of Food Contamination</b> |  |  |   |     |   |     |
| 35                                      |  |  | Insects, rodents, and animals not present   |     |   | 2   |
| 36                                      |  |  | Contamination prevented during food preparation, storage & display                    |     |   | 1   |
| 37                                      |  |  | Personal cleanliness  |     |   | 1   |
| 38                                      |  |  | Wiping cloths: properly used and stored   |     |   | 1   |
| 39                                      |  |  | Washing fruits and vegetables   |     |   | 1   |
| <b>Proper Use of Utensils</b>           |  |  |   |     |   |     |
| 40                                      |  |  | In-use utensils: properly stored  |     |   | 1   |
| 41                                      |  |  | Utensils, equipment and linens: properly stored, dried, handled                       |     |   | 1   |
| 42                                      |  |  | Single-use/single-service articles: properly stored, used                             |     |   | 1   |
| 43                                      |  |  | Gloves used properly  |     |   | 1   |
| <b>Utensils, Equipment and Vending</b>  |  |  |   |     |   |     |
| 44                                      |  |  | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   | 1   |
| 45                                      |  |  | Warewashing facilities: installed, maintained, used; test strips                      |     |   | 1   |
| 46                                      |  |  | Nonfood-contact surfaces clean  |     |   | 1   |
| <b>Physical Facilities</b>              |  |  |   |     |   |     |
| 47                                      |  |  | Hot & cold water available, adequate pressure   |     |   | 2   |
| 48                                      |  |  | Plumbing installed; proper backflow devices   |     |   | 2   |
| 49                                      |  |  | Sewage and wastewater properly disposed   |     |   | 2   |
| 50                                      |  |  | Toilet facilities: properly constructed, supplied, & cleaned                          |     |   | 2   |
| 51                                      |  |  | Garbage/refuse properly disposed; facilities maintained                               |     |   | 2   |
| 52                                      |  |  | Physical facilities installed, maintained, and clean                                  |     |   | 1   |
| 53                                      |  |  | Adequate ventilation and lighting; designated areas use                               |     |   | 1   |
| <b>Documents and Placards</b>           |  |  |   |     |   |     |
| 54                                      |  |  | Sanitary Permit, Health Certificates valid and posted                                 |     |   | 2   |

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

|                                   |                 |                         |                |
|-----------------------------------|-----------------|-------------------------|----------------|
| Person in Charge (Print and Sign) | Date:           | Follow-up (Circle one): | Follow-up Date |
| <u>J. J. J. J.</u>                | <u>09-18-20</u> | <u>YES</u> <u>NO</u>    |                |
| DEH Inspector (Print and Sign)    |                 |                         |                |
| <u>T. SHIMAZU</u>                 |                 |                         |                |



Department of Public Health and Social Services  
Division of Environmental Health  
**Food Establishment Inspection Report**

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|                                      |   |   |
|--------------------------------------|---|---|
| ESTABLISHMENT NAME<br><b>HOA MAI</b> |   | LOCATION (Address)<br><b>SEE PAGE 1</b> |
| INSPECTION DATE<br><b>9/18/2020</b>  | SANITARY PERMIT NO.<br><b>200702316</b> | PERMIT HOLDER<br><b>LE MIMI</b>         |

**TEMPERATURE OBSERVATIONS**

| Item/Location   | Temperature (° F) | Item/Location | Temperature (° F) |
|---|-------------------|---------------|-------------------|
| <b>ALL RTE/ITC FOODS DISCARDED AND NO PREPARATION CONDUCTED</b> |                   |               |                   |
|   |                   |               |                   |
|   |                   |               |                   |
|   |                   |               |                   |
|   |                   |               |                   |
|   |                   |               |                   |
|   |                   |               |                   |
|   |                   |               |                   |
|   |                   |               |                   |
|   |                   |               |                   |

| ITEM NO. | OBSERVATIONS AND CORRECTIVE ACTIONS | CORRECT BY DATE |
|----------|-------------------------------------|-----------------|
|----------|-------------------------------------|-----------------|

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

A FOLLOW UP INSPECTION WAS CONDUCTED IN RESPONSE TO A RE-INSPECTION REQUEST SUBMITTED BY THE ESTABLISHMENT FOR THE INSPECTION CONDUCTED ON 9/12/2020 WHICH RESULTED IN A 29/C.

THE FOLLOWING VIOLATIONS WERE CORRECTED:  
#13, 14, 20, 33, 34, 35, 36, 38, 41, 45, 49, 52, and 54.  
NO NEW VIOLATIONS OBSERVED.

INFORMED PIC TO FOLLOW APPROVED CLEANING SCHEDULE AND TO CONTINUE TO USE DESIGNATED CONTAINERS TO PROTECT FOOD-CONTACT UTENSILS, FOOD PRODUCTS, AND SINGLE SERVICE ARTICLES.

NO RODENT ACTIVITY OBSERVED DURING INSPECTION. INFORMED PIC TO CONTINUE TO WORK WITH PEST CONTROL COMPANY.

REMOVED NOTICE OF CLOSURE PLACARD.  
ISSUED "A" PLACARD NO. 02611.

ISSUED HRE CLOSURE SANITARY PERMIT RE-INSTATEMENT SLIP, PROVIDED GUIDANCE ON PAYMENT, AND INFORMED PIC PAYMENT MUST BE RECEIVED BY DPHSS-DEH PRIOR TO REINSTATEMENT OF SANITARY PERMIT/OPENING. BRIEFED PIC ON ABOVE

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person In Charge (Print and Sign)

Date:

DEH Inspector (Print and Sign)

Date:



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH  
PUBLIC AND PRIVATE PREMISES  
INSPECTION REPORT

NAME: (OWNER, LESSEE, OCCUPANT, ETC.)

HOA MAI (LE/MIMI)

ADDRESS: Lot #, street name, house/apt. #, building name:

MANHATTAN PLAZA

INSPECTION/INVESTIGATION DATE:

9/18/2020

COMPLAINT #:

MUNICIPALITY/VILLAGE; SUBDIVISION:

HARMON

THE FOLLOWING CHECKED ITEMS REPRESENT VIOLATIONS OF THE CORRESPONDING SECTIONS OF TITLE 10, GUAM CODE ANNOTATED

| SECTION #                | REMARKS   | Not Observed                        | Corrected on the Spot (COS) | Repeat                   |
|--------------------------|---|-------------------------------------|-----------------------------|--------------------------|
|                          | An assessment of the above-mentioned facility was conducted on this day to determine compliance with DPHSS Guidance Memorandum 2020-25 (June 22, 2020) during the COVID-19 emergency.   |                                     |                             |                          |
|                          | The following violations were observed and deemed a public nuisance:  |                                     |                             |                          |
| <input type="checkbox"/> | 1. Failed to require and enforce mandatory use of face masks with employees/customers.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| <input type="checkbox"/> | 2. Failed to enforce social distancing of a minimum of 6 feet between individuals in the interior and exterior premises of the property of the business.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| <input type="checkbox"/> | 3. Failed to post appropriate signage for face masks and social distancing.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| <input type="checkbox"/> | 4. Failed to have a policy in place for the frequent cleaning of all surfaces.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| <input type="checkbox"/> | 5. Failed to have and present an organization-specific guidance plan in place.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| <input type="checkbox"/> | 6. Failed to properly maintain the required occupant load of _____.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| <input type="checkbox"/> | 7. Failed to adhere to the authorized number for social gatherings on business premises.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| <input type="checkbox"/> | 8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum _____.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
|                          | Section 20106 (Title 10 Guam Code Annotated, Chapter 20) authorizes Department of Public Health & Social Services to conduct inspections of all public and private grounds, buildings, & other places to enforce & order the immediate abatement of the public nuisance. Businesses that fail to comply with applicable & current Executive Orders and/or Public Health Guidances shall be deemed a public nuisance under Chapter 20, Title 10, of the Guam Code Annotated which are misdemeanors, if found guilty. |                                     |                             |                          |
|                          | Observations/Findings: <input checked="" type="checkbox"/> None   |                                     |                             |                          |

YOU ARE HEREBY GIVEN N/A DAYS N/A HOURS TO CORRECT THE ABOVE CITED PROBLEMS.YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT N/A

(DATE)

RECEIVED BY (Print &amp; Sign):

Jag Teil.

DEH INSPECTOR (Print &amp; Sign):

T. SHIMIZU

EPH-I



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIATCOMPLIANCE CHECKLIST FOR EATING AND DRINKING ESTABLISHMENTS  
BASED ON EXECUTIVE ORDER 2020-20, 2020-16, 2020-14,  
DPHSS GUIDANCE MEMO 2020-07 and 2020-12

Name of Establishment:

HOA MAI

Company Name:


LE MIMI

Location:

LOT 5047-11 &amp; 5047-15, MANHATTAN PLAZA HARMON

| Item No. | Criteria   | Comments                  | In Compliance with Executive Order and Industry Guidance |                          |
|----------|--|---------------------------|--|--------------------------|
|          | <b>General Requirements</b>  |                           |  |                          |
| 1        | Has a written policy and procedures for COVID-19 prevention and control measures prior to re-opening, which address the following:     |                           | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |
|          | a. Employee health, to include having a plan in place if someone is or becomes sick  |                           | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |
|          | b. Cleaning/sanitizing procedures  |                           | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |
|          | c. Social distancing and other protective measures   |                           | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |
| 2        | Operates at no more than the authorized occupancy rate   |                           | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |
| 3        | Prohibits the use of high touch items such as food trays   | N/A <del>NO</del> DINE IN | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |
| 4        | Prohibits the operation of salad bars, buffets, and/or self-service operations   | N/A                       | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |
| 5        | Follows the requirement of the Guam Food Code that also applies to COVID-19 mitigation:  |                           | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |
|          | a. Prohibiting sick employees in the workplace   |                           | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |
|          | b. Strict handwashing practices, to include when and how   |                           | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |
|          | c. Strong procedures and practices to clean and sanitize surfaces  |                           | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |
|          | d. PIC is on site and is a certified food manager  |                           | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |
|          | <b>Employee Health</b>   |                           |  |                          |
| 6        | Screens employees and patrons before entering the facility   |                           | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |
| 7        | Possesses adequate supplies to support healthy hygienic behaviors  |                           | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |
| 8        | Posted signage for employees and patrons on good hygiene and sanitation practices  |                           | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |
|          | <b>Cleaning and Disinfection</b>   |                           |  |                          |
| 9        | Has a cleaning and disinfection procedures and schedule in place for common areas, highly touch surfaces, and the entire establishment |                           | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |
| 10       | Possesses adequate cleaning and disinfection products and PPE to perform enhanced cleaning/disinfection                                |                           | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |
| 11       | Follows CDC's cleaning and disinfecting guidelines   |                           | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |
|          | <b>Ventilation</b>   |                           |  |                          |
| 12       | Maximizes fresh air through use of existing ventilation system   |                           | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |
| 13       | Minimizes air from fans blowing from one person directly at another individual   | N/A <del>NO</del> fans    | <input checked="" type="radio"/> Yes                     | <input type="radio"/> No |

| Social Distancing and Other Protective Measures |   |                           |   |
|---|---|---------------------------|---|
| 14  | Implements social distancing of at least 6 feet and posting of appropriate signage  |                           | <input checked="" type="radio"/> Yes No |
| 15  | Posted signage at entrance stating that no one with COVID-19 symptoms is permitted inside   |                           | <input checked="" type="radio"/> Yes No |
| 16  | Appropriate physical barriers are in place for cafeteria style dining and booth seating   | N/A <del>no</del> dine-in | Yes No                                  |
| 17  | For congregations or social gatherings:   |                           |   |
|   | a. Total number of people, including employees, do not exceed the capacity permitted in the most recent E.O. (including ballroom and private rooms) |                           | <input checked="" type="radio"/> Yes No |
|   | b. Total number of people in each party do not exceed the number allowed for congregations or social gatherings in most recent E.O.                 | N/A <del>no</del> dine-in | Yes No                                  |
| 18  | Mandating the wearing of face mask  |                           | <input checked="" type="radio"/> Yes No |

|   |                   |
|---|-------------------|
| RECEIVED BY (Name and Title)<br>Jay Teilo (manager)   | DATE<br>09-18-20  |
| DEH INSPECTOR (Name and Title)<br>T. SHIMIZU EPHAT  | DATE<br>9/18/2020 |